

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
Date Stamp (Received)  
FEB 06 2017  
Bayfield Co. Zoning Dept

Permit #: 17-0085  
Date: 2-06-17  
Amount Paid: \$185.26-17  
Refund:

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Joe Goldsblack - SAC Wireless  
Mailing Address: 540 W. Madison St.  
City/State/Zip: Chicago, IL 60661

Address of Property: 58617 Wilson Road  
City/State/Zip: Mason, WI 54856

Contractor: SAC Wireless  
Contractor Phone: (312) 967-4303  
Plumber: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Agent Phone: (517) 648-0023  
Agent Mailing Address (include City/State/Zip): 540 W. Madison St. 17th Floor  
Chicago, IL 60661

PROJECT LOCATION: SW 1/4, NE 1/4  
Legal Description: (Use Tax Statement)  
04-032-2-46-06-36-1-03-000-10000  
Volume: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Recorded Document: (i.e. Property Ownership)  
Page(s): \_\_\_\_\_

Section 36, Township 46 N, Range 06 W  
Town of: Mason

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue -->  
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes--continue -->

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
Distance Structure is from Shoreline: \_\_\_\_\_ feet  
Is Property in Floodplain Zone? ☐ Yes ☐ No  
Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion * include donated time & material	Project and/or basement	Use	# of Stories and/or basement	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 30,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well N/A

Existing Structure: (if permit being applied for is relevant to it)  
Proposed Construction:

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Alteration (specify) Equipment on existing coal tanks Accessory Building (specify) Accessory Building Addition/Alteration (specify)	( X ) ( X ) ( X ) ( X )	
	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above information for a reasonable time for the purpose of inspection.

Owner(s): [see letter of authorization, enclosures] Date \_\_\_\_\_

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Joe Goldsblack - SAC Wireless  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date Feb. 3, 2017

Address to send permit: Joe Goldsblack, SAC Wireless, 540 W. Madison St.

17th Floor, Chicago, IL 60661

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

WROB 2006 NO TAX STATEMENT ATTACHED

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):

\* Please see construction drawings, enclosed \*

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	627 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	664 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1028 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	274 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-00085	Permit Date: 2-20-17			
Is Parcel a Sub-Standard lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	We're Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: Date of Inspection: 2-13-17	Inspected by: [Signature]	Zoning District: (A91)	Lakes Classification: ( )	Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached				
Not to exceed scope of intent as provided w/ Application				
Signature of Inspector: [Signature]	Date of Approval: 2-15-17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp Received  
BAYFIELD CO. ZONING DEPT.  
FEB 03 2017

Permit #:	17-0089
Date:	2-27-17
Amount Paid:	\$185.26-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPROPRIATE BAYFIELD CO. ZONING DEPT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Chequamegon Tele Coop		Mailing Address:	PO Box 67		City/State/Zip:	Cathol WI 54824		Telephone:	
Address of Property:	60540 Old Johnson Rd		City/State/Zip:	Maeson WI		54852		Cell Phone:		
Contractor:	TBD		Contractor Phone:			Plumber:			Plumber Phone:	
Authorized Agent: (person signing Application on behalf of Owner(s))	Pat Conneri		Agent Phone:	6025603829		Agent Mailing Address (include City/State/Zip):	2616 Farwell Ave Maeson WI 54852			
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)	23643							
SUB 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage	
				407/70						
Section 23, Township 46 N, Range 6 W	Town of: Maeson									

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River/Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes--continue →	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input checked="" type="checkbox"/> Yes--continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$ 19800	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Star Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: 81'	Width: 10'	Height: 5'
Proposed Construction:	Length: 81'	Width: 10'	Height: 5'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( )	X )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( )	X )	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) Antenna / platform	( 8' x 10' )	80' x 21'	
	<input type="checkbox"/> Accessory Building (specify)	( )	X )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
	<input type="checkbox"/>	( )	X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	( )	X )	
	<input type="checkbox"/> Conditional Use: (explain)	( )	X )	
<input type="checkbox"/>	<input type="checkbox"/> Other: (explain)	( )	X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

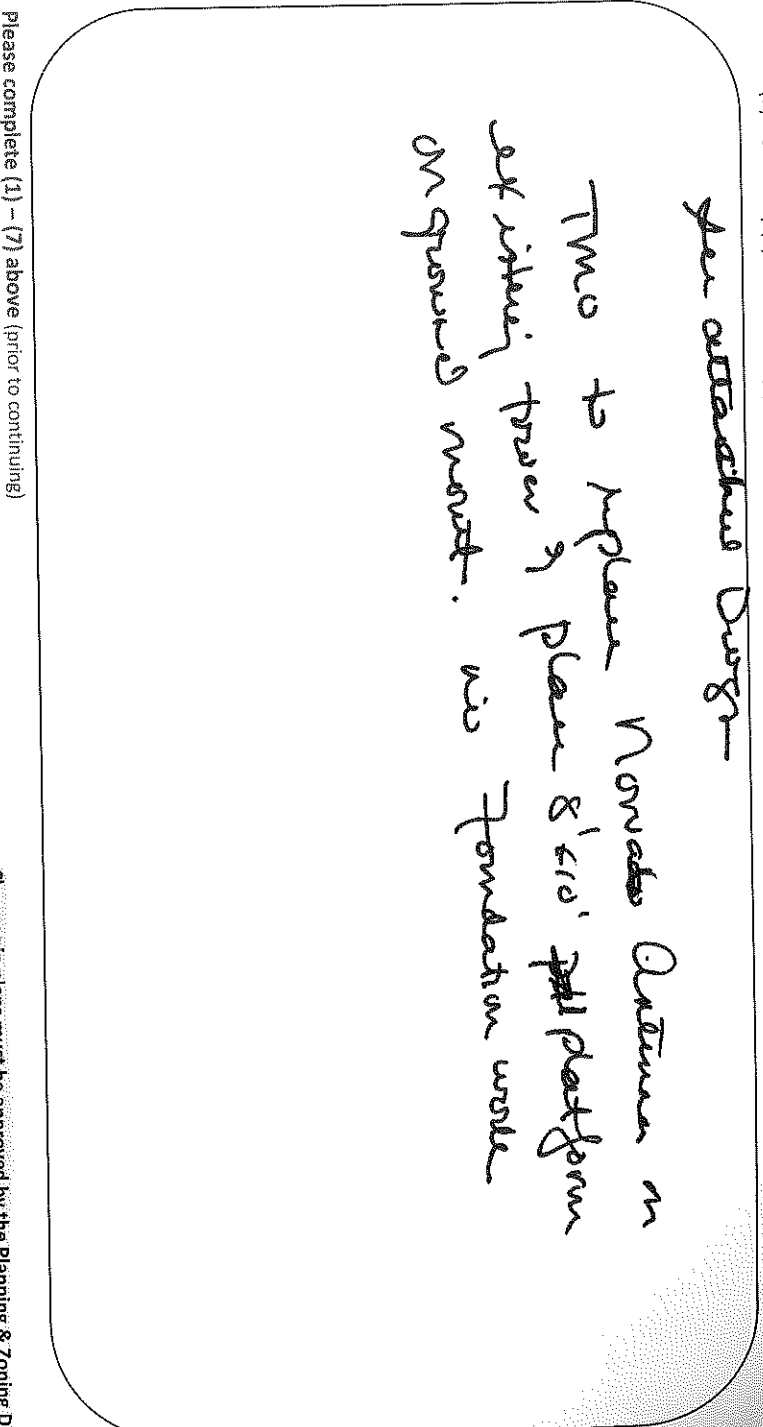
Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Pat Conneri Date 1-31-2017  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) SS44  
Address to send permit 2616 Farwell Ave Maeson WI 54852  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

*see attached Draw*

*Two to replace Novato Antenna on  
existing tower 3' plus 8' x 10' platform  
on ground mount. no foundation work*



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	395' ± 315' 4" Feet	Setback from the Lake (ordinary high water mark)	N/A Feet
Setback from the Established Right-of-Way	388' ± 28' 4" Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	197' ± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	388' ± Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	136' 1 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line		Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit # <u>17-0059</u>		Permit Date: <u>2-27-17</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>84-6121</u> <u>OK</u>		Zoning District ( <u>F1</u> ) Lakes Classification ( )		
Date of Inspection: <u>2-13-17</u>		Inspected by: <u>[Signature]</u>		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
<u>Not a Exact Scope of work as stated.</u>				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>2-14-17</u>		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____



FIGURE 1

197-2

3395:25

1367

LOI

101123

04032240002320300020000

3154

2896

511.23

FAITH CHURCH RD